Name in Full

Certificate of Death

Robt. John Hardcastle Baynard

Died at Town Centreville County Queen Anne MARYLAND

Date 189 9 Month 6 Day 15 Age Y. 70 M. D. Native of Maryland Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 4

Husband ~~wife~~ of Ann Watson

Father's Name Robert Carson Baynard

Mother's Name Julia Ann Hardcastle

Cause of Death { Primary General Debility 44 How long sick 3 years

Immediate Paralysis

Accident, ~~Suicide~~, ~~Homicide~~

Reported by R. W Eddins of Wright & Eddins Undertakers

Address Centreville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988

Dr. J. A. Holton was
the attending physician
and the written was
written as the family
gave it to me

R. W. Edding

Name in Full

Certificate of Death

George A. Blake

Died at Town Brown Corner County 2. A. MARYLAND

Date 189 9 Month 6 Day 19 Age Y. 46 M. D. Native of Md Occupation Laborer

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name Chas Blake

Mother's Name Charlotte Ann Hutchins

Cause of Death Primary Cancer of Stomic

Immediate " " 25 b

How long sick 9 month

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by R. W. Eddins of Wright & Eddins

Address Centroville Md Undertakers

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Reported by Dr

W. G. Cabbage of

Church Hill as to cause of

death.

Name in Full

Certificate of Death

Town

County

Died at

MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 189	June 12	Age	4	4		

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | Divorced

Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death: Primary

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

Name in Full Nancy Bryson

Certificate of Death

Died at Town Brownsville County Hanover Ann MARYLAND

Date 1899 Month 6 Day 22 Age Y. 73 M. D. Native of Md Occupation Housewife

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 2

~~Husband~~ Wife of Elias Bryson

Father's Name — Mother's Name —

Cause of Death Primary Diabetes Mellitus How long sick 10 yrs

Immediate Diabetic Coma Accident, Suicide, Homicide

Reported by J. M. Forkrau M.D.

Address Centreville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Margret Churchman

Died at Town Cartertown County Q A Co MARYLAND

Date 189 9 Month June Day 8 | Age Y. 55 M. D. | Native of Md | Occupation

~~Male~~ Female ~~White~~ Colored Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 10

Husband of Wife William Churchman

Father's Name

Mother's Name

Cause of Death: Primary Asthma 76 | How long sick 6 months

Immediate | ~~Accident, Suicide, Homicide~~

OVER

OVER

Reported by Dawson + Whitely

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. Howe

of

Seen by Coroner

of

Information contained in this certificate received from John Broadway, Howe

of Carlentown

Name in Full

Certificate of Death

Frank Willis Cook

Died at Town Indian Town farm of B. Emory Jr County 2. A. MARYLAND

Date 1899 Month 6 Day 19 Age Y. 16 M. — D. Native of Centreville Occupation School Boy

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband / Wife of

Father's Name John R. Cook Mother's Name Emma Perry

Cause of Death: Primary Drowning 148 while in bathing How long sick

Immediate "

Accident, ~~Suicide~~, ~~Homicide~~

Reported by R. W. Eddins F.D. of

Address Centreville Md. Wright & Eddins

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Certificate of Death

Mary G. Franck

Died at Town: Church Hill — County: Queen Anne's — MARYLAND

Date 1899 Month: June Day: 14 — Age Y.: — M.: 4 D.: 14 — Native of: Md. — Occupation: ——

~~Male~~ Female — White — ~~Colored~~ — ~~Married~~ Single — ~~Widow~~ ~~Widower~~ — ~~Divorced~~ ~~Number of children living~~

~~Husband~~ Wife of

Father's Name: John Franck — Mother's Name: Sarah Franck

Cause of Death — Primary: Brain fever — How long sick: 10 days

Immediate: 39a — ~~Accident, Suicide, Homicide~~

Reported by: J K Brown

Address: Church Hill Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988

Attended by Dr. J H G Weedon
of Church Hill

Seen by Coroner _____
of _____

Information contained in this certificate
ceived from John Frank
of Church Hill

Name in Full: Clara Gardner

Certificate of Death

Died at — Town: Queenstown — County: Q.A. — MARYLAND

Date 1899 — Month: June — Day: 2 — Age: Y. 9 - M. 8 - D. 10 — Native of: Queen Anne Co. — Occupation: Child

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband / Wife of: —

Father's Name: Frank Gardner — Mother's Name: Jennie E. Reed

Cause of Death — Primary: Punctured Wound 50 — How long sick: 6 days

Immediate: Tetanus - Exhaustion — ~~Accident, Suicide, Homicide~~

Reported by: Dr. Chas. F. Davidson

Address: Queenstown, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full

Annie Gibson

Certificate of Death

Died at Town Near Price Md County 2 A Co MARYLAND

Date 1899 Month June Day 26 | Age Y. 83 M. — D. — | Native of Md | Occupation Out Pensioner

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living —

Husband of Wife Hemsley Gibson

Father's Name — — Mother's Name —

Cause of Death: Primary Cold Age 141 | How long sick 3 mos

Immediate | ~~Accident, Suicide, Homicide~~

Reported by J K Brown

Address Church Hill Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79228

Attended by Dr. Gohand

of Duplessisville

Seen by Coroner

of

formation contained in this certificate re-

ceived from Wm J Hutcheons

of ~~Dr~~ Roz, P.Q.

M.D.

Name in Full

Certificate of Death

Mrs Elizabeth Greene

Died at Centreville (Town) Queen Anne (County) MARYLAND

Date 1899 Month 6 Day 11 | Age Y. 68 M. D. | Native of Del | Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~ | Number of children living 7

~~Husband~~ Wife of the late Nathan Greene

Father's Name Jessie Montague | Mother's Name Hester Montague

Cause of Death: Primary Mitral Insufficiency | How long sick 4

Immediate Depression | ~~Accident, Suicide, Homicide~~

Reported by J. M. Dorsey M.D. Centreville Md

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85968

Name in Full | Certificate of Death

Rose Harris

Died at Near Wye Mills (Town) Queen Anne (County) MARYLAND

Date 1899 Month 6 Day 12 | Age Y. 40 M. D. | Native of Md | Occupation Housewife

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living Two

~~Husband~~ Wife of James Harris

Father's Name Aaron Little | Mother's Name Caroline Little

Cause of Death: Primary Influenza 9 | How long sick Two months

Immediate Heart failure | Accident, Suicide, Homicide

Reported by Howard R. Hopkins

Address Wye Mills Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full | Certificate of Death

Susan A. Harrison

Died at Town: Barclay County: Q. A. Co. MARYLAND

Date 1899 Month: June Day: 25 Age Y. 64 M. D. Native of: Md Occupation: House wife

~~Male~~ ~~White~~ ~~Married~~ Widow ~~Divorced~~

Female ~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living 2

Husband / Wife of Ferd Harrison

Father's Name | Mother's Name

Cause of Death: Primary 97 | How long sick 3 months

Immediate Bright - Disease | Accident, Suicide, Homicide

Reported by Jas. E. Graham M. D.

Address Ingleside Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 66868

undertaker

Jos. A. Stafford

Sudlersville

Name in Full

Certificate of Death

Theodore A. Hopkins

Died at Town: Love Point Light House, County: Queen Annes Co., MARYLAND

Date 1899 Month: June Day: 6th Age: Y. 58 M. 5 D. 21 | Native of: Maryland | Occupation: Light House Keeper

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | Widow Widower | ~~Divorced~~ Number of children living

Husband of
Wife

Father's Name: James Hopkins

Mother's Name: Emma R. Driggold

Cause of Death: Primary ~~Primary~~ Heart Trouble 5-7 | How long sick: 12 hrs.

Immediate ~~Immediate~~ | Accident, Suicide, Homicide

Reported by: Nathan Whyte

Address: Stevensville Queen Annes Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79[illegible]

Attended by Dr. C. P. Kemp
of Kent Island

Seen by Coroner
of

Information contained in this certificate
ceived from Wittman White
of Kent Island

Name In Full

Certificate of Death

Rebecca Kelley

Died at Town: Near Sudlersville County: Queen Co MARYLAND

Date 1892 Month: 6 Day: 18

Age Y. 78 M. 9 D. 3

Native of Denmark

Occupation

~~Male~~ Female

White ~~Colored~~

Married ~~Single~~ Widow Widower

Divorced

Number of children living 6

Husband of Wife William Kelley

Father's Name

Mother's Name

Cause of Death: Primary 42

How long sick 1 week

Immediate Apoplexy

Accident, Suicide, Homicide

Reported by Foster Sudlers M.D.

Address Sudlersville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, YEDDO

Attended by Dr. Foster Sadler

of Sudbersvell

Information contained in this certificate

ceived from

of

Seen by Coroner

of Jos a Stafford

undertaker

Name in Full Elsie Roberts

Certificate of Death Roberts

Died at Town Brownsville County Md MARYLAND

Date 1899 Month June Day 10 | Age Y. 65 M. D. | Native of Md | Occupation

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ Widower Number of children living 12

Husband of Wife William Roberts

Father's Name Steve Mitchell Mother's Name Priscilla Mitchell

Cause of Death Primary 57 How long sick 4 Hours

Immediate Heart Trouble OVER ~~Accident, Suicide, Homicide~~

Reported by Dawson & Whitely OVER

Address Centreville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7[illegible]

Attended by Dr. None

of

Seen by Coroner

of

Information contained in this certificate received from Thos H Johnson Son

of Smithville

Name In Full

Certificate of Death

Annie M. Smith

Died at Town: Kent Island County: Queen Annes MARYLAND

Date 189 9 Month: June Day: 1 | Age Y. 67 M. — D. — | Native of Md. | Occupation House work

~~Male~~ Female | ~~Colored~~ White | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living —

Husband of Wife —

Father's Name Joseph Smith | Mother's Name Elizabeth Lewis

Cause of Death: Primary Gastro-Enteritis | How long sick 6 days

Immediate 83 | ~~Accident, Suicide, Homicide~~

Reported by C. Perry Kemp. M.D.,

Address Kent Island Md.,

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full Babe Stewart

Certificate of Death

Died at Town Near Church Hill County Queen Anne MARYLAND

Date 1894 Month June Day 21 | Age Y. — M. — D. 1 | Native of Md | Occupation —

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ Number of children living

~~Husband~~ ~~Wife~~ of

Father's Name Howard Stewart

Mother's Name Lizzie Stewart

Cause of Death: Primary — Immediate —

161

How long sick 1 day

Accident, Suicide, Homicide

Reported by J K Brown

Address Church Hill Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

...mation contained in this certificate ...

...ed from Howard Shwart

of Church Hill Md

Name in Full Elizebeth Hummer

Certificate of Death

Died at Town Templeville County Queen Anne MARYLAND

Date 1899 Month 6 Day 16 Age Y. 67 M. 9 D. 17 Native of Occupation

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 4

Husband of Wife Joseph Hummer

Father's Name Mother's Name 44

Cause of Death Primary Senile Paralysis How long sick 2 yrs.

Immediate exhaustion Accident, Suicide, Homicide

Reported by James Folley M D

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Jos. A. Stafford

undertaker

Ludlersville

Md

Name in Full Helen Washington

Certificate of Death

Died at Town New Church Hill County Queen Annes MARYLAND

Date 1899 Month June Day 19 | Age Y. 14 M. 4 D. 9 | Native of Md. | Occupation

~~Male~~ Female ~~White~~ Colored ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of~~ children living

~~Husband~~ of ~~Wife~~

Father's Name George Washington

Mother's Name Lizzie Washington

Cause of Death: Primary Whooping Cough | How long sick 3 mos.

Immediate | ~~Accident, Suicide, Homicide~~

Reported by J. K. Brown

Address Church Hill Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

Attended by Dr. Simmons

of Chestertown Kent Co Md.

Seen by Coroner

of

formation contained in this certificate

ived from Geo E Brown

of Rolph's MD

Name in Full Fannie Wright — Certificate of Death

Died at Town Carmichael County Q. A. MARYLAND

Date 189 Month June Day 12 | Age Y. 44 M. — D. — | Native of Q.A. Co | Occupation Wash Woman

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 8

~~Husband~~ Wife of John H. Wright

Father's Name Beuter Singer | Mother's Name Sally Singer

Cause of Death: Primary La Grippe - 9 | How long sick 8 mos

Immediate Phthisis pulmonanis - Exhaustion | ~~Accident, Suicide or Homicide~~

Reported by Dr. Chas. F. Dandon

Address Queenstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968